

DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF WATER POLLUTION CONTROL

NOTICE OF INTENT (NOI)

for process wastewater and storm water runoff associated with

READY MIXED CONCRETE FACILITIES

Official Contact Person Name: (individual responsible for a facility) Mailing Address:	Facility Name:					County:			
All entries must be in ink. Attach a copy of U.S.G.S. (spegraphical map, a city map, or a county map, identifying the location of this facility. * This NOI must signed by a responsible corporate officer for a convergencion, a general partner for a pathership, the proprietor for a sole proprietor sign, or a principal executive office or making elected official for a public agency. * If this NOI is submitted because of new operator or to update facility information (such as name of facility, ner official contact person name, new B-mail address, etc.), provide the existing permit tracking number. Downer or Operator: (the person or legal entity which controls facility's operation; this may or may not be the same as the facility name or the official contact name) Downer or Operator: (the person Name: (individual responsible for a facility)						•			_
Official Contact Person Name: (individual responsible for a facility) Mailing Address:	• All of signed or ran	entries must be in ink. • A I by a responsible corpora king elected official for a	ate officer for a corporation, a ger a public agency. • If this NOI is	neral partner for a submitted becaus	partnership, the of new operation	e proprietor for a sole proprie ator or to update facility info	tion of this fac etorship, or a p	orincipal executive officer	r
Mailing Address: City: State: Zip:	Owner or Operator: (the person or legal entity which controls facility's operation; this may or may not be the same as the facility name or the official contact name)								
Phone: () Local Contact Person Name: (if appropriate, write "same as #1") Title or Position: Facility Address: (this may or may not be the same as street address) Phone: () Write in the box (to the right) or circle the number (above) to indicate where to send correspondence: Description (type of system, capacity, etc.) of the treatment systems used, if any, for process waste water, storm water and reclaim/recycle system. Indicate if stor water runoff is mixed with process water in the treatment unit. Attach additional pages if necessary. Process waste water Number of outfalls Storm water runoff Number of outfalls No discharge (Reclaim/recycle system) Reclaim/recycle system for: process waste water process waste water washout on his property must be obtained. Attach additional pages if necessary. CERTIFICATION AND SIGNATURE Lectrify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assust that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for gathering the information, the information submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for gathering the information, the information including the possibility of fine and imprisonment for knowing violations.		Official Contact Person	Name: (individual responsible for	r a facility)	Γitle or Positio	n:			
Local Contact Person Name: (if appropriate, write "same as #1") Title or Position:	1	Mailing Address:			City:	State: Zip:			
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			Official Title		Sig	nature		Date	
			High Quality Water	T & E Aquatic Far	ına	Tracking No.	EAC		
Impaired Receiving Stream NOC Date Reviewer						_			_

Submit the original completed and signed form to:

RMCP NOI Processing
Division of Water Pollution Control
6th Floor L&C Annex, 401 Church Street
Nashville, TN 37243-1534